



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

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APPLICATION FOR REGISTRATION EXTERN/INTERN

Attach Photo
Here

\$50 fee

Expires July 15 following graduation

APPLICANT MUST ATTACH 3 x 3 INCH HEAD & SHOULDERS PHOTO

STATEMENT OF EXTERN/INTERN

SS #: _____

DOB: _____

Name: _____

Complete

Address: _____
Street Address City St Zip

Phone: _____

Email: _____

Pre-Pharmacy College _____

Anticipated Graduation Date _____

I have studied and understand the Idaho Extern/Intern Rules and I will comply with them and with the Federal and State laws and the Rules and Laws of the Board of Pharmacy. I am aware that I cannot legally compound or dispense drugs or medicine except under the immediate and personal supervision of a licensed pharmacist preceptor. I hereby certify that the above statements are true and correct.

Signature _____

Date _____

CERTIFICATE OF GRADUATION (Intern)

I hereby certify that _____ graduated from _____

College of Pharmacy on _____ with a _____ degree.

Signature of President or Dean _____

Date _____

CERTIFICATE OF COLLEGE ENROLLMENT (Extern)

I hereby certify that _____ is enrolled in the _____

_____ College of Pharmacy as a degree candidate.

Signature of President or Dean _____

Date _____